| 20XX +0Z |  |
|----------|--|

| •           | _            | 990-T  | F  | xempt Organ                          | nization Bus               | ine  | ss Income               | Гах Return                | 1                      | OMB No 1545-00   | 147         |
|-------------|--------------|--|--|--------------------------------------|----------------------------|--|-------------------------|---------------------------|------------------------|--|-------------|
| ۴,          | · ¥          |  | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))                                     |                                      |                            |  |                         | 004                       |                        |  |             |
| ٠.          | ,            | For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020   |  |                                      |                            |  |                         | 0                         | 2019                   | J  |             |
|             | Depart       | ment of the Treasury   | , Go to www.irs.gov/Form990T for instructions and the latest information.  |                                      |                            |  |                         | ļ                         | Open to Public Inspe   |  |             |
|             |              | I Revenue Service  | Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).                      |                                      |                            |  |                         |                           | 501(c)(3) Organization | ns Only  |             |
|             | A []         | Livatile of organization ( Check box it haine changed and see instructions.)   |  |                                      |                            |  |                         |                           |                        | oyer identification nur<br>loyees' trust, see<br>ictions ) | nber        |
|             | B Ex         | Exempt under section   Print   TURNING POINT USA, INC.   |  |                                      |                            |  |                         |                           |                        | 80-0835023   |             |
|             |              | Number, street, and room or suite no. If a P.O. box, see instructions.  4940 E BEVERLY RD  |  |                                      |                            |  |                         |                           | E Unrel                | E Unrelated business activity code (See instructions )     |             |
|             |              |  |  |                                      |                            |  |                         |                           | , "                    |  |             |
| 707         |              | 408A530(a)   |  |                                      |                            |  |                         |                           |                        | 541800   |             |
|             |              | 529(a) PHOENIX, AZ 85044 54  Book yelue of all assets F Group exemption number (See instructions.)   |  |                                      |                            |  |                         | <b>D41</b>                | 800                    | <del></del> .  |             |
| <b>≃</b> >  | C at e       | na oi veer   | 65   |                                      | _ <del>`</del>             | noration   | 501/c) trust            | 401/2                     | truct                  | Other  | trust (     |
| (           | H Ent        |  | 665. G Check organization type X 501(c) corporation 501(c) trust 401(a) e organization's unrelated trades or businesses. |                                      |                            |  |                         |                           |                        |  | ii ust      |
| AUG         |              | Enter the number of the organization's unrelated trades or businesses.   1 Describe the only (or first) unrelated trade or businesses.   1 If only one, complete Parts I-V. If |  |                                      |                            |  |                         |                           |                        |  |             |
|             | dae          |  |  | ce at the end of the previou         | s sentence, complete Pa    | rts I an   |                         |                           |                        |  |             |
| NED         | hus          | iness, then complete f   |  |                                      | 3 30monos, complete r      |  | a m, complete a contra  | 10 111 101 00011 22011011 |                        |  |             |
| Щ           | I Dur        |  |  | oration a subsidiary in an a         | ffiliated group or a parei | nt-subsi   | diary controlled group? | ▶ [                       | Y                      | es X No  |             |
| 15          | If "         |  |  | ifying number of the parent          |                            |  | , , ,                   |                           |                        |  |             |
| A           | <b>J</b> The | books are in care of   | <b>▶</b> 1   | HE ORGANIZAT                         | NOI                        |  | Telep                   | hone number 🕨 8           | 44-                    | 872-1776   |             |
| 10          |              | rt I Unrelated   | Trac   | le or Business Inco                  | ome                        |  | (A) Income              | (B) Expenses              | 3                      | (C) Net  |             |
| U.          | 1 a          | Gross receipts or sale:  | s  | 3,596.                               |                            |  |                         |                           | 政队                     | 75 77  | 1           |
|             | b            | Less returns and allow   | vances   |                                      | c Balance                  | 1c   | 3,596.                  |                           |                        | 2 1  |             |
|             | 2            | Cost of goods sold (S  | chedule  | A, line 7)                           |                            | 2  | 3,596.                  | MEN TE ALLEN AL           | _                      | AFTENAUT SE  | 定法          |
|             | 3            | Gross profit. Subtract   | line 2 fr  | om line 1c                           |                            |  |                         |                           |                        |  |             |
|             | 4 a          | Capital gain net incom   | ie (attacl   | h Schedule D)                        |                            | 4a   |                         |                           | 1000年                  |  |             |
|             | b            | Net gain (loss) (Form  | 4797, P  | art II, line 17) (attach Form        | 4797)                      | 4b   |                         | 15237.5024.2              |                        |  |             |
|             | C            | Capital loss deduction   |  |                                      |                            |  |                         |                           | TEATH!                 |  |             |
|             | 5            | Income (loss) from a   | partners   | hip or an S corporation (att         |                            | THE PARTY OF THE P | THE STATE OF            |                           |                        |  |             |
|             | 6            | Rent income (Schedul   | edule C) 6   |                                      |                            |  |                         |                           |                        |  |             |
|             | 7            | Unrelated debt-finance   | t-financed income (Schedule E)   |                                      |                            |  |                         |                           |                        |  |             |
|             |              |  | rest, annuities, royalties, and rents from a controlled organization (Schedule F)  |                                      |                            |  |                         |                           |                        |  |             |
|             |              |  | ment income of a section 501(c)(7), (9), or (17) organization (Schedule G)   |                                      |                            |  |                         |                           |                        |  |             |
|             |              | •  | vity income (Schedule I)   |                                      |                            |  |                         |                           |                        |  |             |
|             |              | Advertising income (S  |  | L. B. TO CONTROLLET BY A BY CASE     |                            |  |                         |                           |                        |  |             |
|             |              | Other income (See ins  |  | •                                    | 232.137                    | 3 5  | 96.                     |                           |                        |  |             |
|             |              | Total. Combine lines   |  | gn 12<br>o <b>t Taken Elsewh</b> ere | 2 (San mathiations to      | 13   | 3,596                   |                           |                        | 3,3  | 90.         |
|             | r ai         |  | must b   | e directly connected wit             | th the unrelated busin     | ess <del>un</del> e  | erne                    | 7                         |                        | -  |             |
|             | 14           |  |  | ectors, and trustees (Sche           |                            | R  | ECEIVED                 | <del>181</del>            | 14                     | 1  |             |
|             | 14<br>15     | Salaries and wages   | iceis, uii   | ectors, and trustees (Scher          | dulerk)                    | ``ــــــ   | TIL                     | lool                      | 15                     |  | · · · · · · |
|             | 16           | Repairs and mainten  | ance   |                                      |                            | . l  | NV 2 1 2021             | 131                       | 16                     |  |             |
|             | 17           | Bad debts  | 41100  |                                      | 1964                       | il w   | AY & D ZUZI             | J&                        | 17                     |  | <del></del> |
|             | 18           | Interest (attach sche  | dule) (se  | ee instructions)                     | 14                         | ٦  | -117                    |                           | 18                     |  |             |
|             | 19           | Taxes and licenses   | , (  |                                      | 1                          |  | GDEN, UT                |                           | 19                     |  |             |
| )           | 20           | Depreciation (attach   | Form 45  | 562)                                 | Ī                          |  | 20                      |                           | 上面                     |  |             |
| 3           | 21           |  |  | Schedule A and elsewhere             | on return                  |  | 21a                     |                           | 21b                    |  |             |
| ?<br>?      | 22           | Depletion  |  |                                      |                            |  | <del></del> .           |                           | 22                     |  |             |
|             | 23           | Contributions to defe  | erred çol  | mpensation plans                     |                            |  |                         |                           | 23                     |  |             |
|             | 24           | Employee benefit pro   |  |                                      |                            |  |                         |                           | 24                     |  |             |
| $\varkappa$ | 25           | Excess exempt exper  | expenses (Schedule I)  |                                      |                            |  |                         |                           | 25                     |  |             |
|             | 26           | Excess readership co   |  |                                      |                            |  |                         |                           | 26                     | <b></b>  |             |
|             | 27           | Other deductions (at   | ·  |                                      |                            |  |                         |                           | 27                     | ļ  |             |
|             | 28           | ,  | Add lines 14 through 27  |                                      |                            |  |                         |                           | 28                     | <del> </del> _   | 0.          |
|             | 29           | ,  | taxable income before net operating loss deduction. Subtract line 28 from line 13  |                                      |                            |  |                         |                           | 29                     | 3,5  | 96.         |
|             | 30           | ,  | erating I  | oss arısıng ın tax years beg         | jinning on or after Janua  | ry 1, 20   | 118                     |                           |                        |  | •           |
|             |              | (see instructions)   |  | •                                    |                            |  |                         |                           | 30                     | <del> </del>   | 0.          |
|             | 31           |  |  |                                      |                            |  |                         |                           | 31                     |  | 96.         |
|             | 92370        | 1 01-27-20 LHA <b>Fo</b>   | r Paper  | work Reduction Act Notice            |                            |  |                         |                           |                        | Form <b>990-T</b>  | (2019)      |

| Form 99     | OCT (20) STURNING POINT USA, INC.  | 80-0835023 Page 2                            |  |  |  |  |
|-------------|--|--|--|--|--|--|
| Par         | t IJ/ Total Unrelated Business Taxable Income  |  |  |  |  |  |
| `32         | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | 32,596.                                      |  |  |  |  |
| 33          | Amounts paid for disallowed fringes  | 33   |  |  |  |  |
|             | Charitable contributions (see instructions for limitation rules)   | 34 0.  |  |  |  |  |
| 34          |  | 35 3,596.                                    |  |  |  |  |
| 35          | Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33                   |  |  |  |  |  |
| 36          | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  | 36   |  |  |  |  |
| 37          | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  | 3,596.                                       |  |  |  |  |
| 38          | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  | 38 1,000.                                    |  |  |  |  |
| 39/         | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,  | <b>                                     </b> |  |  |  |  |
|             | enjer the smaller of zero or line 37   | $ _{39} _{2,596}$                            |  |  |  |  |
| Pari        | TAX Computation  | 1  |  |  |  |  |
| 40 4        | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)  | 40 545.                                      |  |  |  |  |
| 41          | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from  |  |  |  |  |  |
| • •         | Tax rate schedule or Schedule D (Form 1041)  | 41   |  |  |  |  |
| 42          | Proxy tax. See instructions  | 42   |  |  |  |  |
|             | ·  | 43   |  |  |  |  |
| 43 \        | Alternative minimum tax (trusts only)  |  |  |  |  |  |
| 44          | Fax on Noncompliant Facility Income. See instructions  | 545  |  |  |  |  |
| 45          | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  | 45 545.                                      |  |  |  |  |
| Pari        | t 🗸 Tax and Payments   | <del>,</del>                                 |  |  |  |  |
| 46 a        | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a   | <b>.</b>                                     |  |  |  |  |
| b           | Other credits (see instructions) 46b   | <b>.</b>                                     |  |  |  |  |
| c           | General business credit. Attach Form 3800  | J·   |  |  |  |  |
| d           | Credit for prior year minimum tax (attach Form 8801 or 8827)   | ]_t.   |  |  |  |  |
| e           | Total credits. Add lines 46a through 46d   | 46e  |  |  |  |  |
| 47          | Subtract line 46e from line 45   | 47 545.                                      |  |  |  |  |
| 48          | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scheduld)  | 48   |  |  |  |  |
|             | Total tax. Add lines 47 and 48 (see instructions)  |  |  |  |  |  |
| 49          | · · · · · · · · · · · · · · · · · · ·  | 50 545.                                      |  |  |  |  |
| 50          | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50 - 0.                                      |  |  |  |  |
| 51 a        | Payments: A 2018 overpayment credited to 2019 51a 344.   | <b>∤</b>                                     |  |  |  |  |
| b           | · · · · · · · · · · · · · · · · · · ·  | {  |  |  |  |  |
| C           | · · · · · · · · · · · · · · · · · · ·  | <b> </b>                                     |  |  |  |  |
| d           | Foreign organizations: Tax paid or withheld at source (see instructions)   |  |  |  |  |  |
| е           | Backup withholding (see instructions)  | ]  |  |  |  |  |
| f           | Credit for small employer health insurance premiums (attach Form 8941)   |  |  |  |  |  |
| a           | Other credits, adjustments, and payments: Form 2439  |  |  |  |  |  |
|             | ☐ Form 4136 ☐ Other ☐ Total ► 5 tg   |  |  |  |  |  |
| 52          | Total payments. Add lines 51a through 51g  | 4,568.                                       |  |  |  |  |
| 53          | Estimated tax penalty (see instructions). Check if Form 2220 is attached   | 53 1.  |  |  |  |  |
|             | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  | 54   |  |  |  |  |
| 54          | · · · · · · · · · · · · · · · · · · ·  | 55 4,022.                                    |  |  |  |  |
| \\ 55       | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  |  |  |  |  |  |
| 58          | Enter the amount of line 55 you want. Credited to 2020 estimated tax 4,022. Refunded   | 0.   |  |  |  |  |
| Par         |  | <del></del>                                  |  |  |  |  |
| 57          | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority                                  | Yes No                                       |  |  |  |  |
|             | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file                                |  |  |  |  |  |
|             | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country  | نا ــا ــا                                   |  |  |  |  |
|             | here -   | <u>X</u>                                     |  |  |  |  |
| 58          | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?                    | X  |  |  |  |  |
|             | If "Yes," see instructions for other forms the organization may have to file.  |  |  |  |  |  |
| 59          | Enter the amount of tax-exempt interest received or accrued during the tax year \(\bigs\)  |  |  |  |  |  |
|             | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled | dge and belief, it is true                   |  |  |  |  |
| Sign        |  |  |  |  |  |  |
| Here        | TXoderka 105/12/2021 \ GEGRETTER DY (TRIPE)  | ay the IRS discuss this return with          |  |  |  |  |
|             | SECRETARY TREMSOLUTE   | e preparer shown below (see                  |  |  |  |  |
|             |  | structions)? X Yes No                        |  |  |  |  |
|             | Print/Type preparer's name Preparer's signature Date Check i   | f PTIN                                       |  |  |  |  |
| Paid        | d self-employed  |  |  |  |  |  |
|             | parer COLETTE KAMPS, CPA COLETTE KAMPS, CPA 05/12/21   | _  P00367616                                 |  |  |  |  |
|             | ' le . NITENTON E TIODNE TID Le  | 86-0133881                                   |  |  |  |  |
| <b>U</b> 30 | Use Only 2055 E WARNER ROAD, SUITE 101   |  |  |  |  |  |
|             |  | 80-839-4900                                  |  |  |  |  |
|             | 01-27-20   | Form 990-T (2019)                            |  |  |  |  |